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3727/15
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		Attorney Docket No.	38916/14140	First Inventor: Casagrande
AMENDMENT TRANSMITTAL LETTER Title: <u>FORM WITH INTEGRATED LABEL OR FOLD-OVER CARD INTERMEDIATE</u>		Serial No.	09/318,353	
		Filing Date	May 25, 1999	
		Examiner	Henderson	
		Group Art Unit	3722	

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.
Large Entity Status

☒ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
	(Column 1)		(Column 2)	(Column 3)	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total (37 CFR 1.16(c))	26	Minus	26	= 0	x \$ _____ = 0.00	x \$ _____ = 0.00	
	Independent (37 CFR 1.16(b))	6	Minus	6	= 0	x \$ _____ = 0.00	x \$ _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				x \$ _____ =	+ \$ _____ =		
					TOTAL ADDIT. FEE	0.00	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

- ☐ Petition of Extension of Time.
- ☒ No additional fee is required for amendment.
- ☒ Terminal Disclaimer.
- ☒ The Commissioner has already been authorized to charge \$55.00 for the Terminal Disclaimer Filing Fee in this application to a Deposit Account. 20-0823.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 20-0823.
I have enclosed a duplicate copy of this sheet.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

Joseph M. Rolnicki
Signature

Date: October 30, 2003

Joseph M. Rolnicki Reg. No. 32,653
Thompson Coburn LLP
One US Bank Plaza
St. Louis, MO 63101-9928
314-552-6286
314-552-7286 FAX

Custom No.: 021888

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